

Name  
in  
Full

Belt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death 190 <i>2</i> Month <i>Nov</i> Day <i>18</i>	Age <i>Born</i> Years <i>30</i> Months <i>—</i> Days <i>—</i>				
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis</i>			
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>Box Belt</i>			Father's Birthplace <i>Adco.</i>		
Mother's Maiden Name <i>Anna Lunn</i>			Mother's Birthplace <i>Adco.</i>		
Name of person giving information <i>J. A. Adams</i>			How related to deceased <i>—</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still born</i>	How long <i>—</i>
Immediate <i>"</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Adams</i>
	Address <i>Undertaker</i>
Accident or Suicide? <i>—</i>	



*Edely Blunt*

Town

County

MARYLAND

Died at *Lakeshore Anne Arundel*

Date *1892 Nov 28* Month *Nov* Day *28* Y. *55* M. *55* D. *55* Native of *Dorchester Co., Md.* Occupation *Housewife*

Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☐ Widow ☐ Widower ☐ Divorced ☐ Number of children living *3*

Husband of *William Blunt James*  
 Wife of *William Blunt James*  
 Father's Name *William James* Mother's Name *Edely James*

Cause of Death { Primary *179* Immediate *Heart failure* How long sick *20 minutes*

*Accident, Suicide, Homicide*

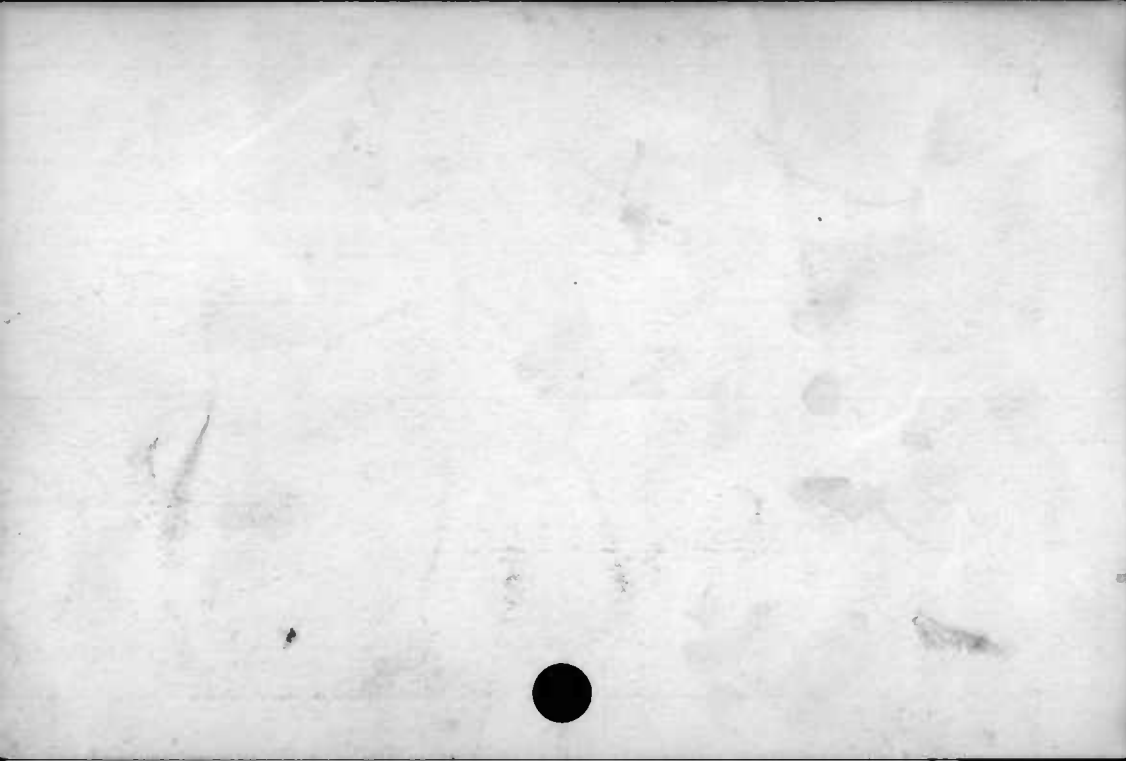
Reported by *Dr. Eliza Williams*

Address *Triniger, Anne Arundel Co. Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		James Bowers				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at <sup>Town</sup> Annapolis		<sup>County</sup> A. A. C.		MARYLAND		
		Date of death 1902	Month Nov	Day 6	Age 65	Years	Months	Days
		Sex male		Color or Race Colored		Birth-place Maryland		
		Married, Single or Widowed Married		Occupation Barber				
		Name of Wife or Husband Matilda Bowers						
		Father's Name				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information Matilda Bowers				How related to deceased wife		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Inflammatory Rheumatism				How long 1 week		
		Immediate Endocarditis				How long 2 days		
		Are the name, age, sex, color, date and place correctly given above? yes				Signature of Physician Wm S. Welch		
						Address Annapolis		
		Accident or Suicide? —						



Name  
in  
Full

Robt M. Burgess

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190	2	Month Nov	Day 27	Age 25	Years	Months	Days
Sex	Male		Color or Race	White		Birth- place	Balto
Married, Single or Widowed	Single			Occupation Water man			
Name of Wife or Husband							
Father's Name	Wm H Burgess					Father's Birthplace	England
Mother's Maiden Name	Mary E. Jenkins					Mother's Birthplace	do
Name of person giving In formation	Charles W Threlk					How related to deceased	brother in law

## CAUSES OF DEATH

172

PHYSICIAN  
OR CORONER

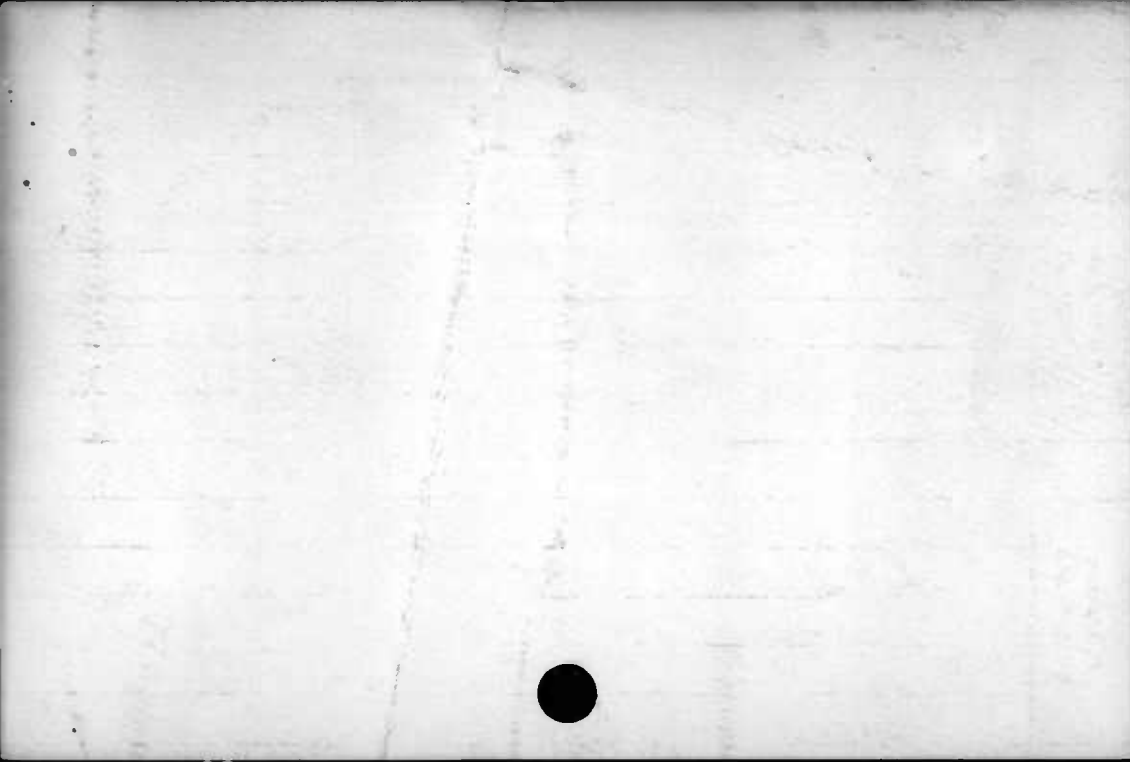
Primary	Drowned in Chesapeake Bay, Nov. 27, and found Dec 23		How long
Immediate	Drowned in Chesapeake Bay, Nov. 27, and found Dec 23		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Buried hermit by H R Wallin
St. Kent's Island and Long Water		Address	Annapolis Md
Shut down		Registres	
Accident or Suicide?			





TO BE ANSWERED BY NEAREST FRIEND	Name in Full		Julia M. Clark				CERTIFICATE OF DEATH	
	Died at <sup>Town</sup> Brooklyn				County		Ad. Maryland	
	Date of death 1902	Month Nov.	Day 22	Age	Years 66	Months	Days	
	Sex Female	Color or Race White		Birth-place Md.				
	Married, Single or Widowed		Mornid		Occupation		Thud	
	Name of Wife or Husband							
	Father's Name						Father's Birthplace	
	Mother's Maiden Name						Mother's Birthplace	
Name of person giving Information						79 How related to deceased		

CAUSES OF DEATH		
Primary	Valvular Cardiovascular disease	How long 25 yrs
Immediate	Cardiac failure	How long immediate
Are the name, age, sex, color, date and place correctly given above?		Yhr
Signature of Physician		J. Lee Doyle M.D.
Address		1228 S. Charles St. Baltimore Md.
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>At</i> County		MARYLAND		
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>14<sup>th</sup></i>	Age	Years	Months <i>6</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>			
Married, Single or Widowed <i>Single</i>			Occupation			
<del>Name of Wife or Husband</del> <i>Charles G. Trigger</i>						
Father's Name			Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Millie Colbert</i>			Mother's Birthplace <i>At County</i>			
Name of person giving information <i>Millie Trigger</i>			How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>	Month
Immediate <i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. K. Campbell</i>	
	Address <i>Annapolis Md</i>	
Accident or Suicide?		



Name  
in  
Full

Earl S. Edwards

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brooklyn</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death 190 <u>2</u> <sup>Month</sup>	<u>Nov.</u> <sup>Day</sup>	<u>14</u> <sup>Years</sup>	Age <u>1</u>	Months <u>8</u>	Days <u>—</u>
Sex <u>male</u>		Color or Race <u>Black</u>		Birth-place <u>Brooklyn, Md</u>	
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>			
Name of Wife or Husband					
Father's Name <u>Zachariah Edwards</u>			Father's Birthplace <u>N. A. Co. Md.</u>		
Mother's Maiden Name <u>Samilla Patterson</u>			Mother's Birthplace <u>N. A. Co. Md.</u>		
Name of person giving information <u>Samilla Edwards</u>			How related to deceased <u>Mother</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia</u>	How long <u>3 days</u>
Immediate <u>Heart Failure</u>	How long <u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos. B. Horton M.D.</u>
	Address <u>So. Balto. Md.</u>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

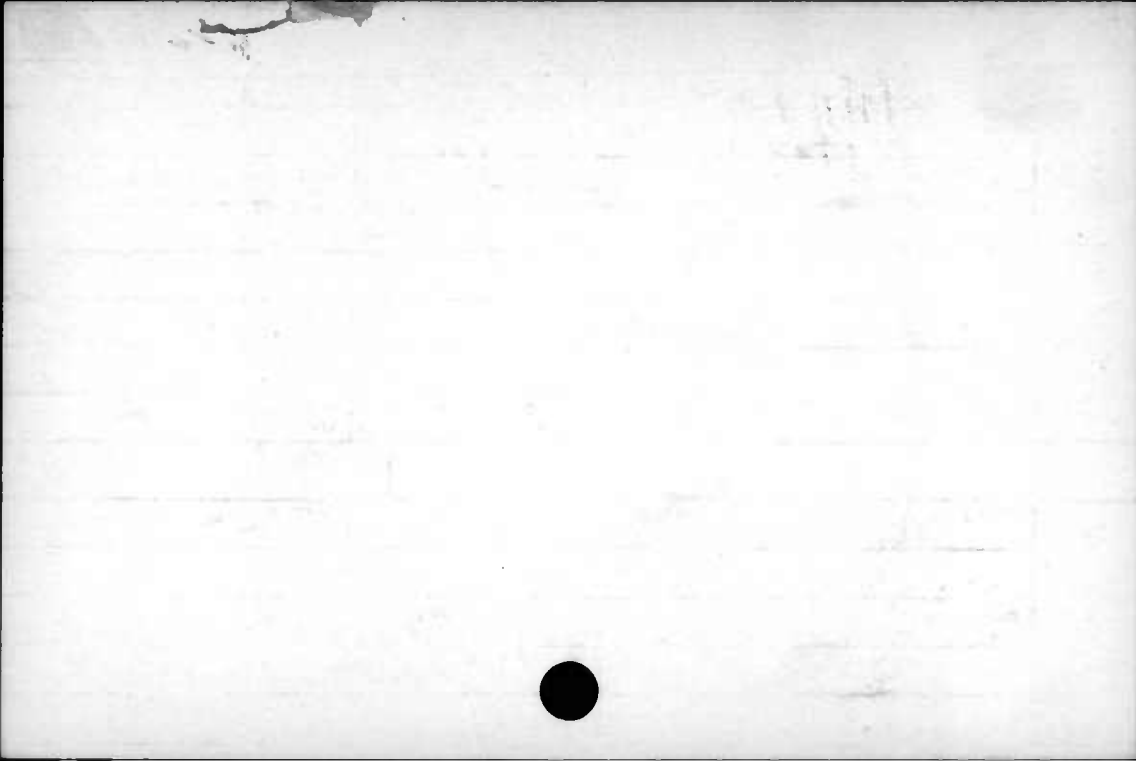
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>AA</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>10<sup>th</sup></i>	Age <i>u</i>	Years	Months <i>6</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Baltimore</i>			
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Charles Fry</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Emma Adams</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Emma Adams</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>Months</i>
Immediate <i>Assthemia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout M.D.</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	





Name  
in  
Full

Scott Gaines

## CERTIFICATE OF DEATH

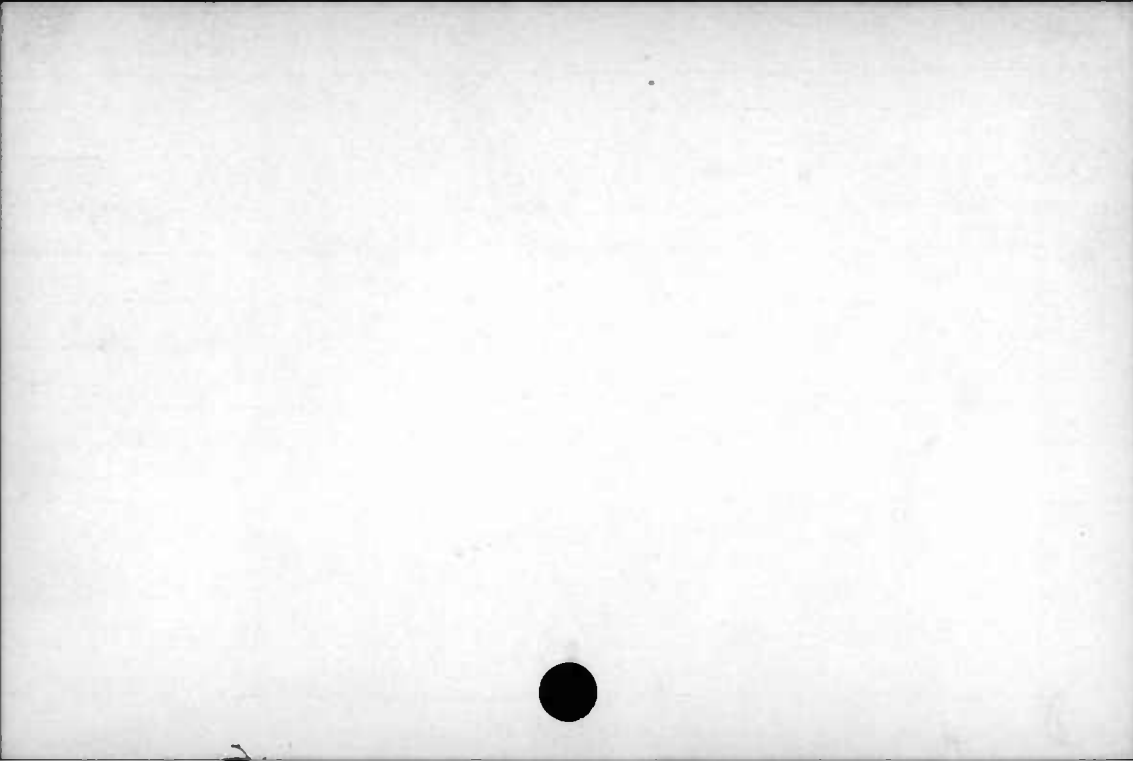
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Jessup - Md. House of Correction</i>		Town <i>Anne Arundel</i>		County	
Date of death 190	2	Month	11	Day	18
Sex		Male		Color or Race	Black
Married, Single or Widowed		Single		Occupation	Laborer
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>Two months</i>
Immediate	<i>Exhaustion</i>	How long	<i>One day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>C. P. Carico MD</i>	
Address		<i>Jessup - Md.</i>	
Accident or Suicide?		Physician in charge of <i>Md. House of Correction</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

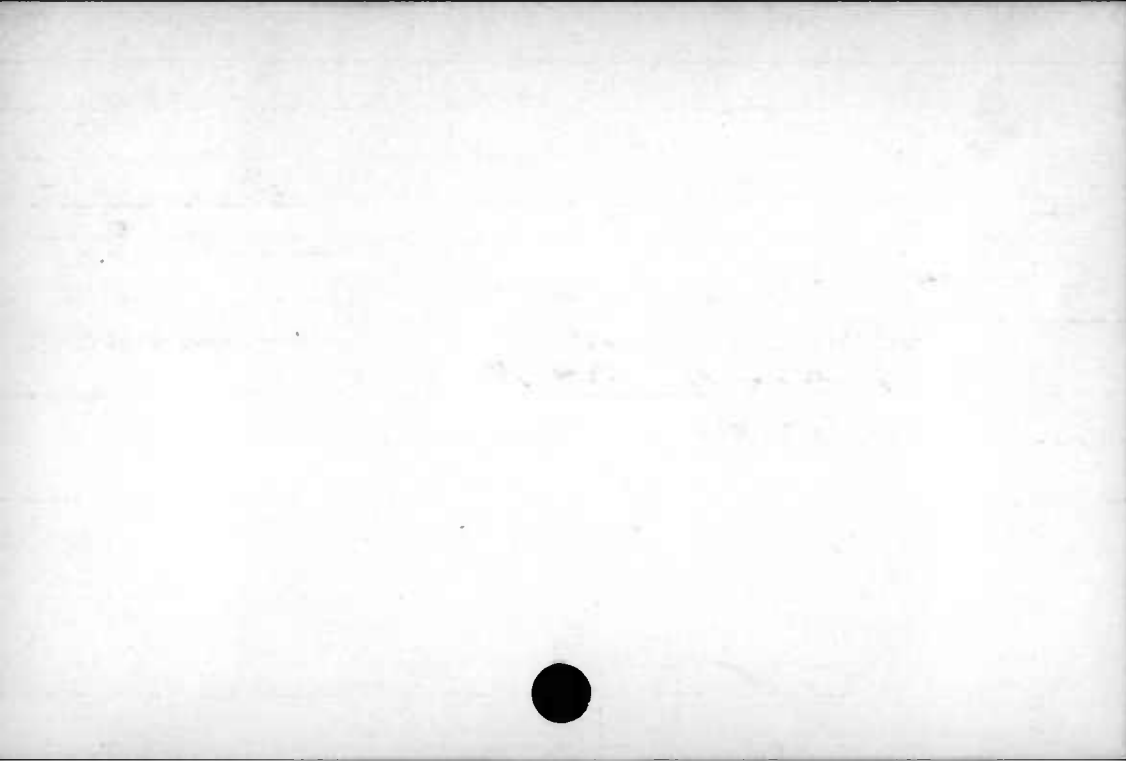
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Miranda Ann Gaylor</i>		Town <i>Jessup</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Date of death 1902		Month <i>11</i>		Day <i>14</i>	
Age <i>64</i>		Years		Months <i>11</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Anne Arundel Co</i>			
Married, <i>Single</i>		Occupation					
Name of <del>deceased</del> <i>Ann T. Gaylor</i>							
Father's Name <i>John Boyer</i>				Father's Birthplace <i>Anne Arundel Co</i>			
Mother's Maiden Name <i>Julia A. Whittle</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>Benj. T. Boyer</i>				How related to deceased <i>Brother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Hydrophobia</i>		How long <i>23</i>	
Immediate <i>Syncope</i>		How long <i>five days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>[Signature]</i>	
		Address <i>Jessup</i>	
Accident or Suicide? <i>8</i>			



Name  
in Full

Sarah J Gross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Annapolis		<sup>County</sup> A. A. C.		MARYLAND	
Date of death 1902	Month Nov	Day 20	Age 57	Years	Months Days
Sex Female	Color or Race Col		Birth-place Annapolis		
Married, Single or Widowed Married			Occupation Housekeeping		
Name of wife or Husband Thomas Gross					
Father's Name Wm Torsey			Father's Birthplace Annapolis		
Mother's Maiden Name Lemima Watkin			Mother's Birthplace		
Name of person giving information Wm S Stewart			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Rheumatism	47	How long Don't Know
Immediate Heart Disease		How long 5 days
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm S. Welch	
	Address Annapolis	
Accident or Suicide? —		



Name  
in  
Full

Ethel Crosby Hardesty

## CERTIFICATE OF DEATH

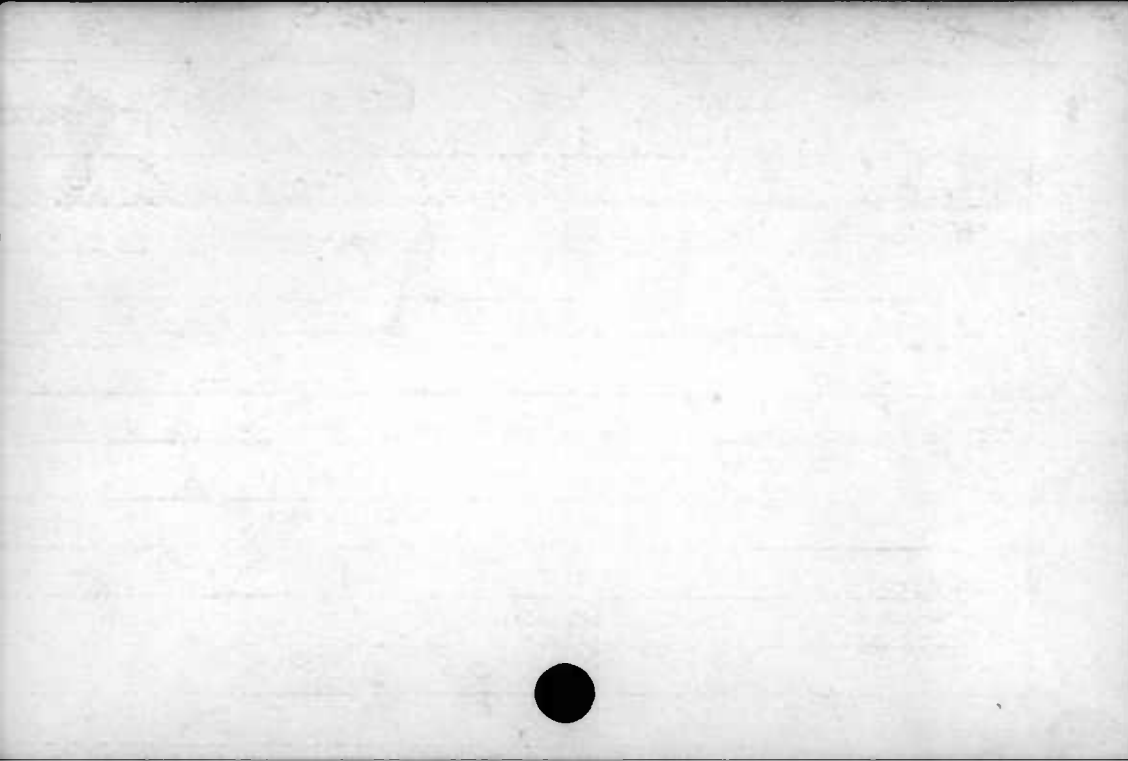
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County Anne Arundel		MARYLAND	
Date of death 190	Month Nov	Day 26 <sup>th</sup>	Age One	Years One	Months Four	Days Six	
Sex Female	Color or Race White		Birth place Annapolis				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name Sam'l W. Hardesty				Father's Birthplace Bristol, Md			
Mother's Maiden Name Barbara Ellen Crosby				Mother's Birthplace Dunkirk, Md			
Name of person giving In formation Sam'l W. Hardesty				How related to deceased Father			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Membranous Croup	How long	Two days
Immediate	Asphyxia	How long	Four hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. Wells
Yes		Address	Annapolis, Md
No.			
Accident or Suicide?		No.	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Rothian</u> Town		<u>aa</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Nov</u>	Day <u>6</u>	Age <u>68</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Negro</u>		Birth-place <u>Rothian Md</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>				
Name of Wife or Husband <u>Jempie Morris</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving Information <u>Jempie Morris</u>			How related to deceased <u>Wife</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Typhoid</u>	How long <u>3 weeks</u>
Immediate <u>Heart failure</u>	How long <u>6 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. R. Rattner M.D.</u>
	Address <u>West River Md</u>
Accident or Suicide? <u>X</u>	



Name  
in  
Full

George W. Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death 190	2	Nov	28	Age	1	7	
Sex	male		Color or Race	colored		Birth-place	Annapolis
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name			George W. Hill		Father's Birthplace		
					A. A. Co		
Mother's Maiden Name			Ida Jackson		Mother's Birthplace		
					A. A. Co		
Name of person giving Information			George W. Hill		How related to deceased		
					Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Intermittent fever	How long	2 weeks
Immediate	Heart disease	How long	4
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		W. E. Campbell	
Address		Annapolis	
Accident or Suicide?		No	



Name  
in  
Full

Lucinda Gbenton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>AA</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>2</i>	Month	<i>Nov</i>	Day	<i>18<sup>th</sup></i>
Age		<i>54</i>	Years	Months	Days
Sex	<i>Female</i>		Color or Race	<i>colored</i>	
Married, Single or Widowed	<i>Widow</i>		Occupation	<i>Nurse</i>	
Name of <del>Wife</del> or Husband	<i>James Gbenton</i>				
Father's Name	<i>George Gb Johnson</i>			Father's Birthplace	<i>AA county</i>
Mother's Maiden Name	<i>Margaret Johnson</i>			Mother's Birthplace	<i>AA county</i>
Name of person giving information	<i>George Gbenton</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>Months</i>
Immediate	<i>Exhaustion</i>		How long	.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout M.D.</i>		
<i>Yes</i>		Address <i>Annapolis Md</i>		
Accident or Suicide?				



Name  
in  
Full

Charles Davis Hyde

CERTIFICATE OF DEATH

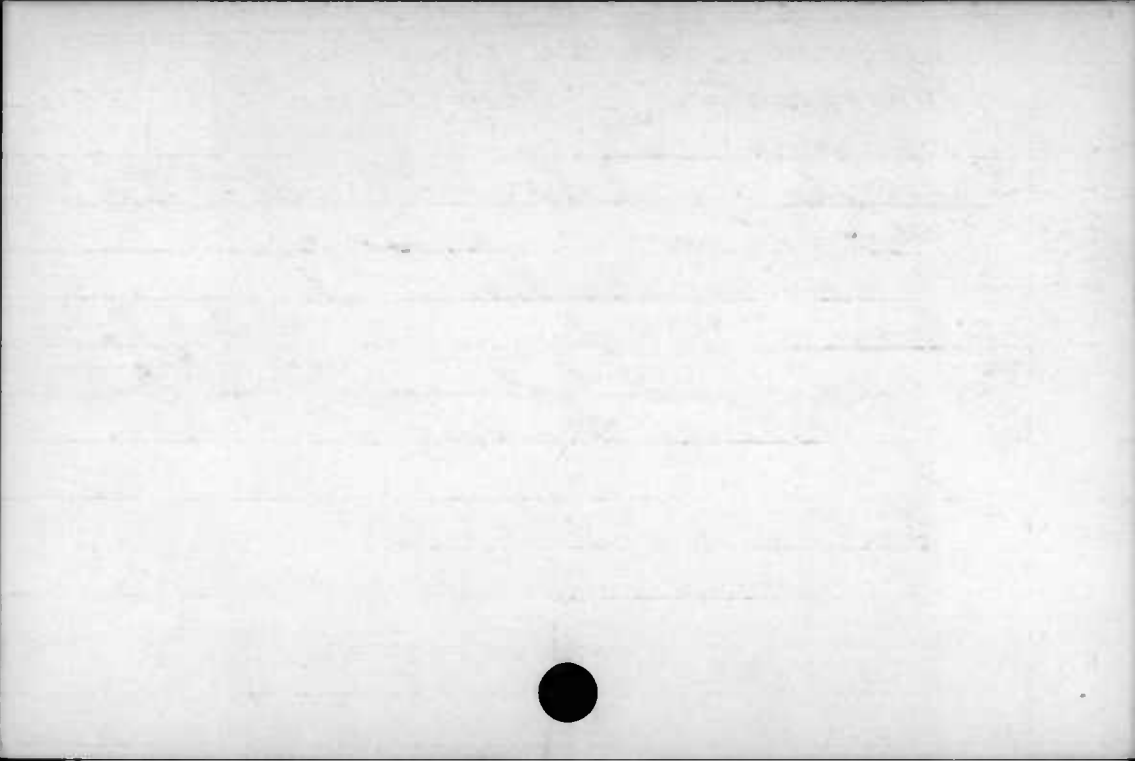
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	<i>Nov</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>56</i> <sup>Years</sup>	<i>10</i> <sup>Months</sup>	<i>7</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>3d dist 2 a Co</i>		
Married, Single or Widowed <i>Widower</i>			Occupation <i>Water man</i>		
Name of Wife or Husband <i>Ida Jones</i>					
Father's Name <i>John Y. E. Hyde</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Mary Jane Cadees</i>			Mother's Birthplace <i>3d dist 2 a Co</i>		
Name of person giving information <i>John Y. E. Hyde Jr.</i>			How related to deceased <i>Bro -</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Congestion of Brain</i>	How long	<i>2 weeks</i>
Immediate	<i>General Hyperemia - Heart failure</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm. S. Welch</i>	
		Address <i>Annapolis</i>	
Accident or Suicide? <i>—</i>			





Name in Full

Certificate of Death

Eliza H. Isaac

Town

County

Died at

Brenton

Anne Arundel

MARYLAND

Date 19

12

Month

Day

11 10

Age

36

Y.

M.

D.

Native of

Occupation

Baird &amp; Co Housekeeper

~~Male~~~~Widow~~

Married

Widow

~~Divorced~~

Female

Colored

~~Single~~

Widower

Number of children living

5

Husband

of

Wife

Jeffrey Isaac

Father's

Name

James Hanson

Mother's

Maiden Name

Eliza Barclay

Cause of

Primary

Confinement

How long sick

7 days

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

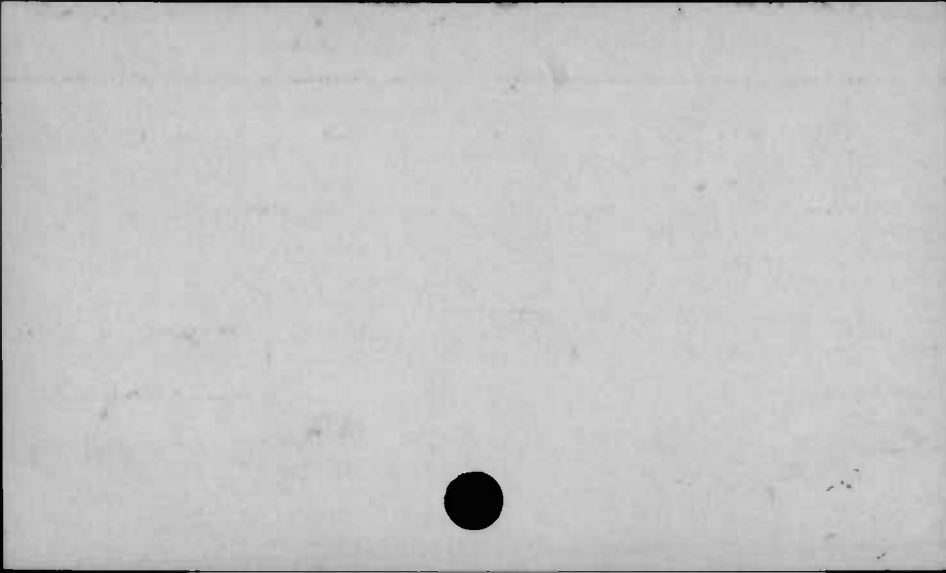
Jas. E. Moque Justice of the Peace

Address

Gambills A. A. Co Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78898



Name  
in  
Full

Elizabeth Johnson

## CERTIFICATE OF DEATH

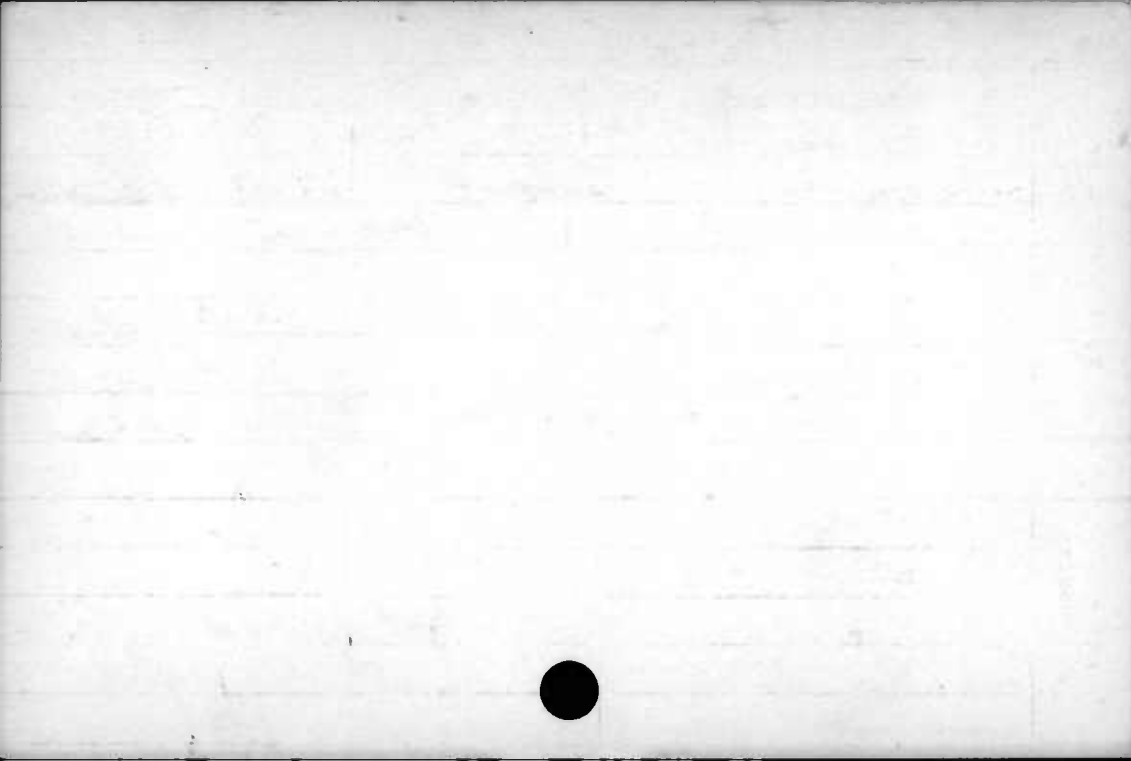
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Annapolis		A. A.		Maryland	
Date of death 190		2	Nov	13 <sup>th</sup>	Age 16.	Months	Days
Sex	Female		Color or Race	Colored		Birth-place	Annapolis
Married, Single or Widowed	Single			Occupation	House work		
Name of Wife or Husband							
Father's Name	Charles Johnson					Father's Birthplace	Annapolis
Mother's Maiden Name	Sarah Johnson					Mother's Birthplace	Annapolis
Name of person giving information	Charles Johnson					How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	Three days
Immediate	Asthma		How long	One day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout, M.D.	
Yes		Address	Annapolis Md	
Accident or Suicide?				



Name  
in  
Full

Mary Elizabeth Jones

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>So. Baltimore</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i> <sup>Month</sup> <i>Nov.</i> <sup>Day</sup> <i>3</i>		Age <i>—</i> <sup>Years</sup>		Months <i>7</i> <sup>Days</sup> <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>So. Balto. Md.</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>			
Name of Wife or Husband					
Father's Name <i>Eldridge Jones</i>			Father's Birthplace <i>A. A. Co. Md</i>		
Mother's Maiden Name <i>Alice V. Lloyd</i>			Mother's Birthplace <i>A. A. Co. Md</i>		
Name of person giving information <i>Alice Jones</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>		How long <i>4 weeks</i>	
Immediate <i>Pneumonia</i>		How long <i>9 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Wm. B. Horton M.D.</i>	
		Address <i>So. Balto. Md.</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

William T. Kelley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>East Port</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>4</i>	Age <i>14</i>	Months <i>11</i>	Days <i>16</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Annapolis</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>		
Name of Wife or Husband <i>None</i>					
Father's Name <i>William T. Kelley</i>			Father's Birthplace <i>Talbot Co</i>		
Mother's Maiden Name <i>Mary E. Wiggins</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>William T. Kelley</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

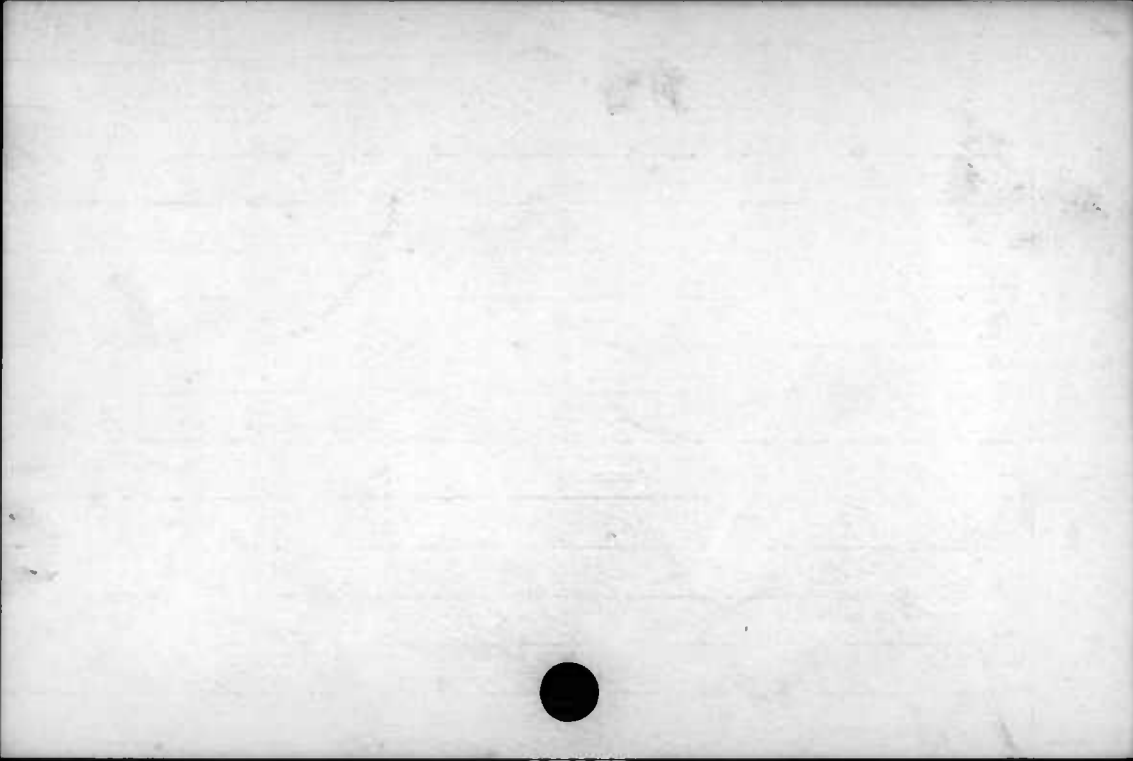
PHYSICIAN  
OR CORONER

Primary <i>Malaria Fever</i>	How long <i>3 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. Clement Clark, M.D.</i>
<i>Yes</i>	Address <i>5 St. John St., Annapolis, Md.</i>
Accident or Suicide? <i>None</i>	





Name in Full		TOWN						COUNTY		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Annapolis				A A		MARYLAND			
	Date of death 1902	Month Nov	Day 9	Age	Years	Months	Days					
	Sex	Male		Color or Race	Cul		Birth- place	Annapolis				
	Married, Single or Widowed				Occupation							
	Name of Wife or Husband											
	Father's Name						Father's Birthplace					
	Mother's Maiden Name						Mother's Birthplace					
Name of person giving In formation						How related to deceased						
Rachel A. Hall						Grand mother						
CAUSES OF DEATH												
PHYSICIAN OR CORONER	Primary						Still born					
							How long					
	Immediate						How long					
	Are the name, age, sex, color, date and place correctly given above?						Signature of Physician					
							Address					
						Susan Wright Midwife						
Accident or Suicide?												



Name  
in  
Full

Eliza Anne Meyers

CERTIFICATE OF DEATH

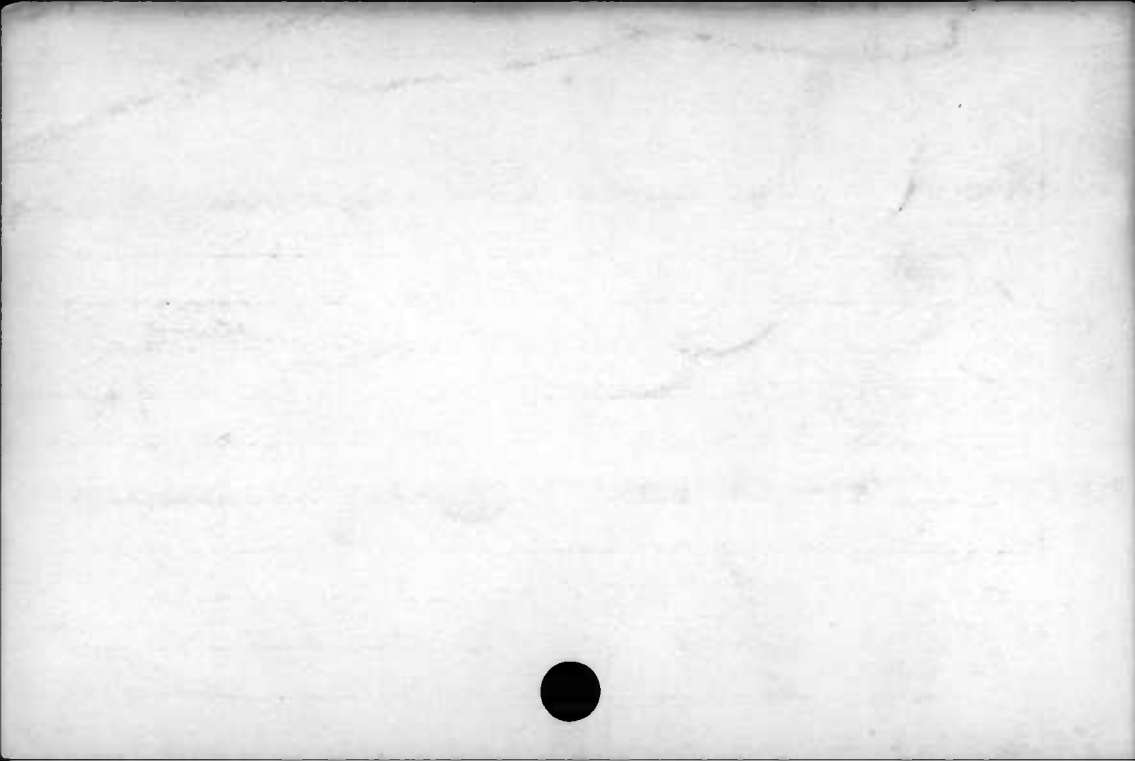
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov</i>	Day <i>1<sup>st</sup></i>	Years <i>81</i>	Months <i>8</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto Md</i>			
Married, Single or Widowed <i>Widowed</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>David V. Meyers</i>					
Father's Name <i>Thomas Siffertdaper</i>			Father's Birthplace <i>Balto Md</i>		
Mother's Maiden Name <i>Elizabeth Sewell</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Frank Meyers</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infantry</i>	How long <i>154</i>
Immediate <i>Old Age</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Leo Wells</i>
	Address <i>Annapolis</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

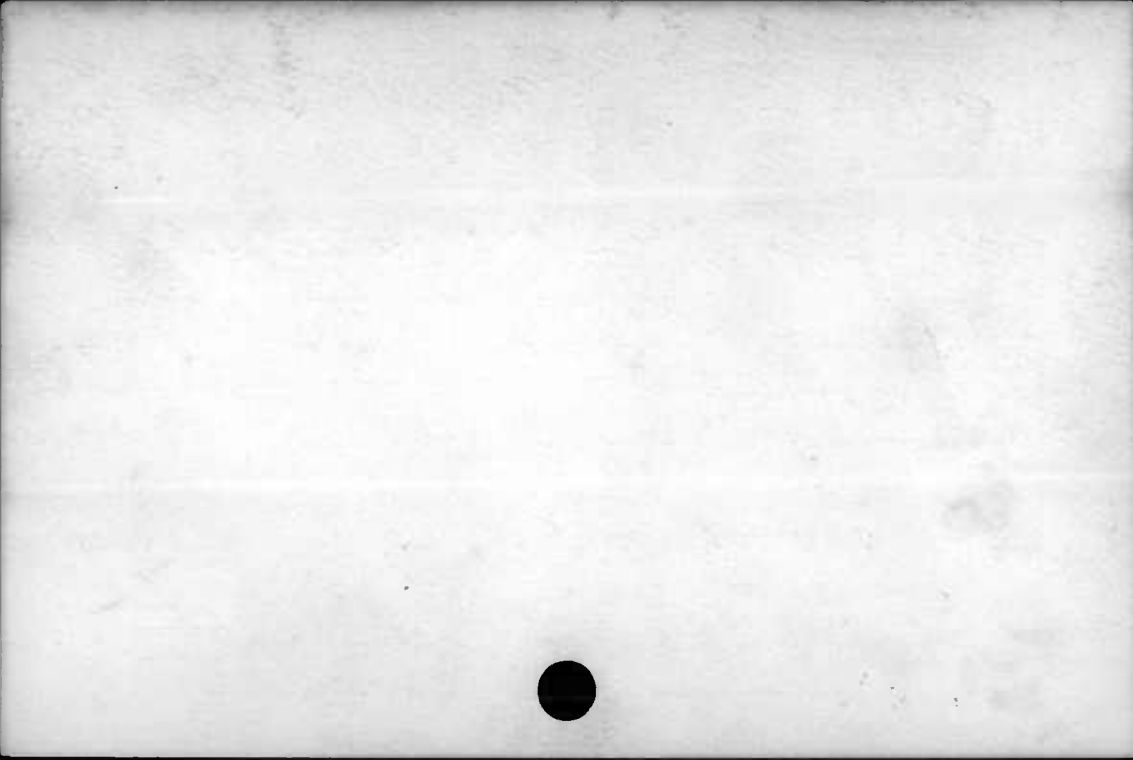
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Francis L. Moulden</i>		Town <i>Shady Side</i>		County <i>a. d.</i>		MARYLAND	
Died at <i>Shady Side</i>		Date of death 190 <i>2</i>		Month <i>11</i>		Day <i>4</i>	
Age <i>—</i>		Years <i>—</i>		Months <i>8</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>None</i>					
Name of Wife or Husband <i>—</i>							
Father's Name <i>William H. Moulden</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Lizzie Gross</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving Information <i>William H. Moulden</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>		How long <i>105</i>		How long <i>Four Months</i>	
Immediate <i>Exhaustion</i>		How long <i>105</i>		How long <i>Four Months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Carl B. Boyd</i>			
		Address <i>Shady Side Md.</i>			
Accident or Suicide? <i>—</i>					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James Murray*

Died at *Shady Side* <sup>Town</sup> *a. a. Co.* <sup>County</sup> **MARYLAND**

Date of death 190 *2* <sup>Month</sup> *11* <sup>Day</sup> *16* Age *—* <sup>Years</sup> *8* <sup>Months</sup> *22* <sup>Days</sup>

Sex *Male* Color or Race *Colored* Birth-place *Maryland*

Married, Single or Widowed *Single* Occupation *None*

Name of Wife or Husband *—*

Father's Name *Joseph Murray* Father's Birthplace *Maryland*

Mother's Maiden Name *Callie Griffin* Mother's Birthplace *Maryland*

Name of person giving information *Joseph Murray* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Whooping Cough* *8* How long *One Month*

Immediate *Exhaustion* How long *One Month*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. C. C. Boyd*

Address *Shady Side Md.*

Accident or Suicide? *—*





Name  
in  
Full

Elizabeth C. Hutton Porter

## CERTIFICATE OF DEATH

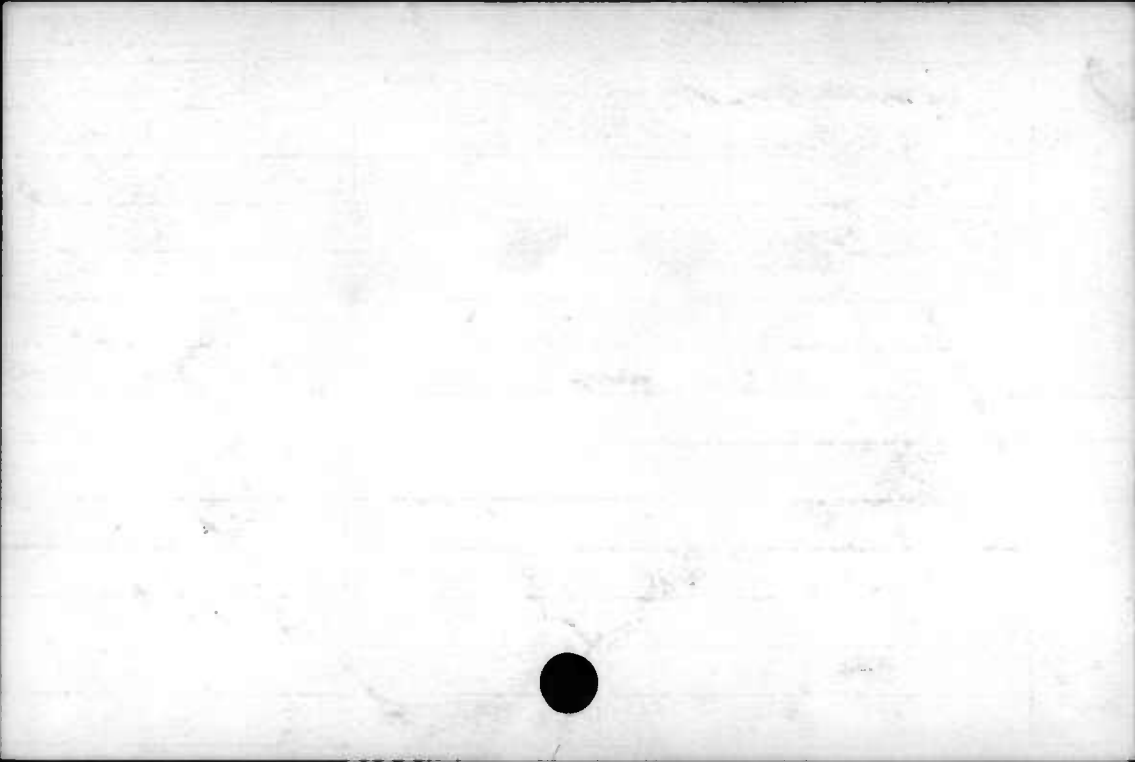
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town		County		MARYLAND	
Date of death	1902	Month	Nov	Day	2	Age	81
Sex	Female	Color or Race	White	Months	10	Days	
Married, Single or Widowed	Widowed			Occupation			
Name of Wife or Husband	John Porter						
Father's Name	William A. Hutton					Father's Birthplace	Fair Haven, Conn.
Mother's Maiden Name	Clarinda Hathaway					Mother's Birthplace	St Albans, Vt.
Name of person giving information	Cynthia C. Porter					How related to deceased	Daughter

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Nervous prostration		How long	Two years
Immediate	Asthma		How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. Wells	
Yes.		Address	Annapolis Md.	
Accident or Suicide?		No.		



Name  
in  
Full

Barrie Sophie Lucery

## CERTIFICATE OF DEATH

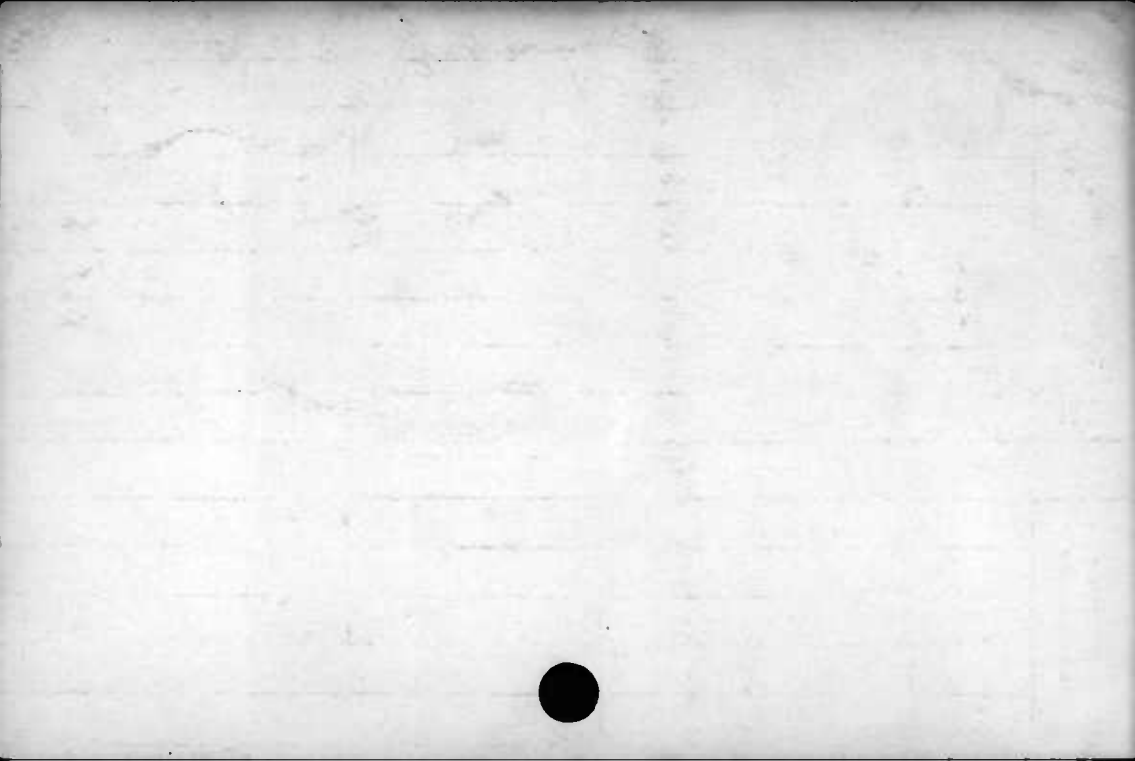
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
Nov		6	37	27	✓	9	
Sex		Color or Race		Birth-place			
Female		Cottontail		Annapolis			
Married, Single or Widowed				Occupation			
Married							
Name of Wife or Husband							
George A. Lucery							
Father's Name				Father's Birthplace			
William Combes				Annapolis			
Mother's Maiden Name				Mother's Birthplace			
Catharine Murray				Annapolis			
Name of person giving information				How related to deceased			
Calvin Combes				Mother			

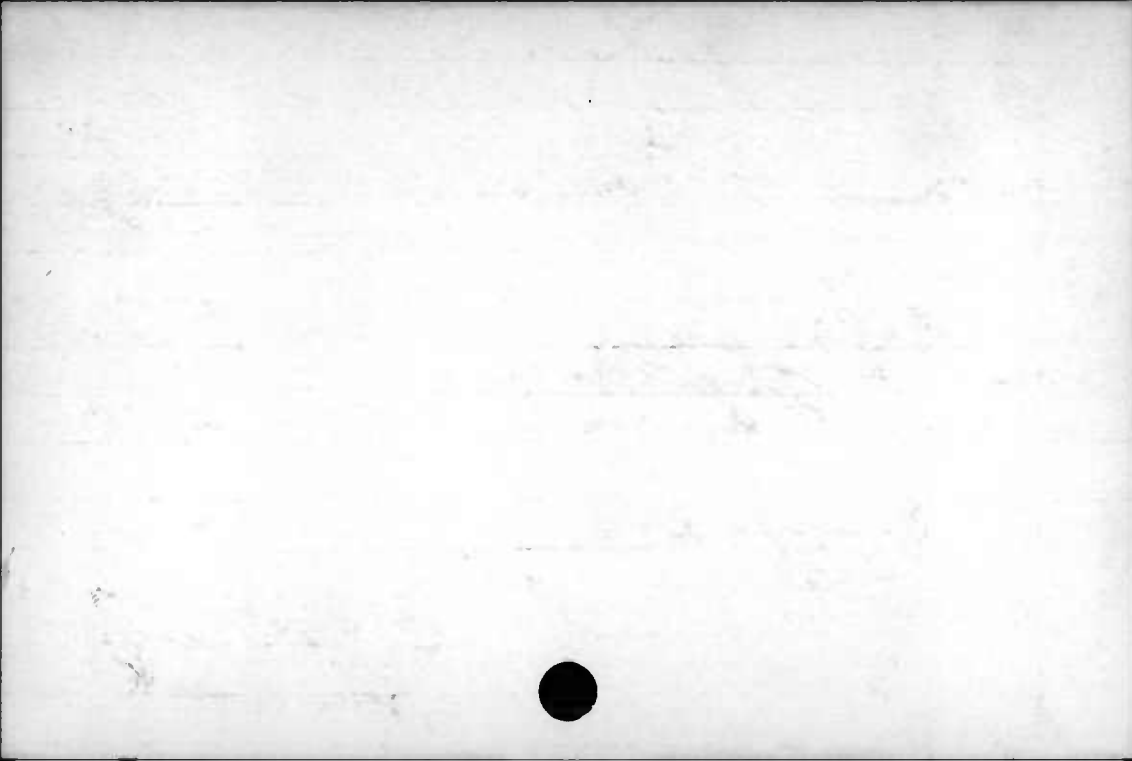
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	Three months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. W. E. Campbell	
		Address	
		10 Second Street	
Accident or Suicide?		Neither	



PHYSICIAN  
OR CORONER



Name  
in  
Full

Queen

## CERTIFICATE OF DEATH

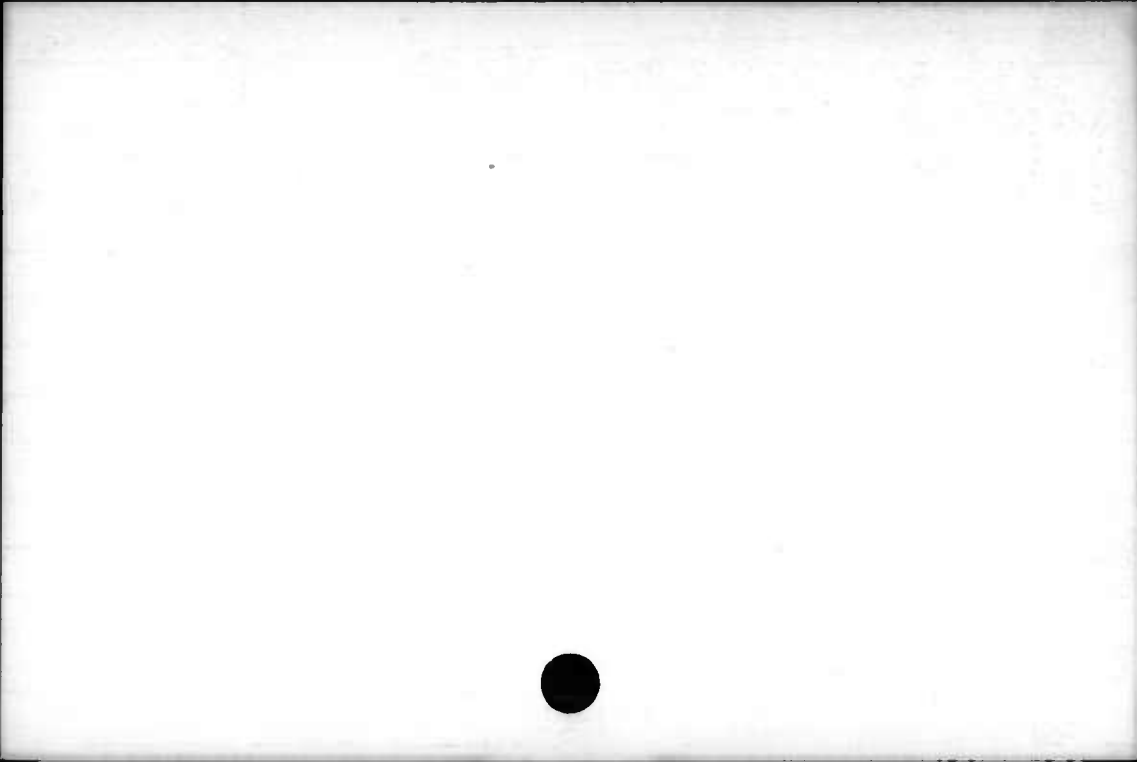
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>AA</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	<i>Nov</i> <sup>Month</sup>	<i>28<sup>th</sup></i> <sup>Day</sup>	<i>14</i> <sup>Years</sup>	<i>14</i> <sup>Months</sup>	<i>14</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>colored</i>		Birth-place <i>Annapolis</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert Queen</i>			Father's Birthplace <i>Annapolis</i>		
Mother's <del>Maiden</del> Name <i>Bertha Hall</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Bertha Hall</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>14 days</i>
Immediate <i>Asthma</i>	How long <i>151</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Investigated by</i>
<i>Yes</i>	Address <i>Health Officer</i>
	<i>Annapolis</i>
Accident or Suicide?	<i>md</i>





Name  
in  
Full

Appolonija Rosmarinovsky

## CERTIFICATE OF DEATH

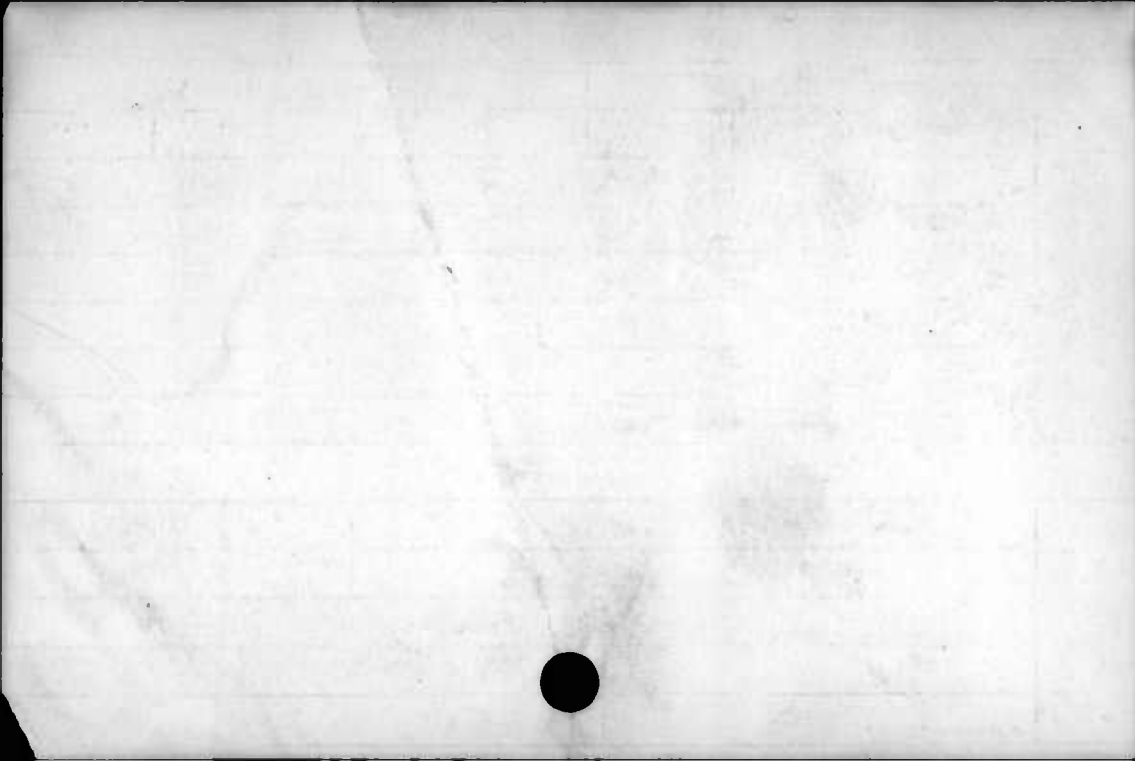
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wagner's Point</i> <small>Town</small>		<i>H. St. County</i> <small>County</small>		MARYLAND	
Date of death 1902	<i>November</i> <small>Month</small>	<i>16.</i> <small>Day</small>	Age <i>42</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Russia</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housework</i>		
Name of Wife or Husband <i>Joseph Rosmarinovski</i>					
Father's Name <i>Anton Jarushevski</i>			Father's Birthplace <i>Russia</i>		
Mother's Maiden Name <i>Appolonija Jarushevski</i>			Mother's Birthplace <i>Russia</i>		
Name of person giving information <i>Joseph Rosmarinovski</i>			How related to deceased <i>Husband</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Confinement</i>	How long <i>—</i>
Immediate <i>Septicæmia</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. Kalw. M.D.</i>
	Address <i>1438 Port Av. Balt. Md.</i>
Accident or Suicide? <i>X</i>	



Name  
in  
Full

Charles Simmons

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County A.A.		MARYLAND	
Date of death 190		2	Month Nov	Day 3rd	Years 74	Months	Days
Sex		Male		Color or Race		Colored	
Married, Single or Widowed		Single		Occupation		Laborer	
Name of Wife or Husband							
Father's Name				Unknown			
Mother's Maiden Name				Unknown			
Name of person giving In formation				Peter Murdock			
Father's Birthplace				Unknown			
Mother's Birthplace				Unknown			
How related to deceased				Friend			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Senility	How long	154 Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Investigated by Health Officer	
Address			
Accident or Suicide?			



Name  
in  
Full

John H. Snowden

## CERTIFICATE OF DEATH

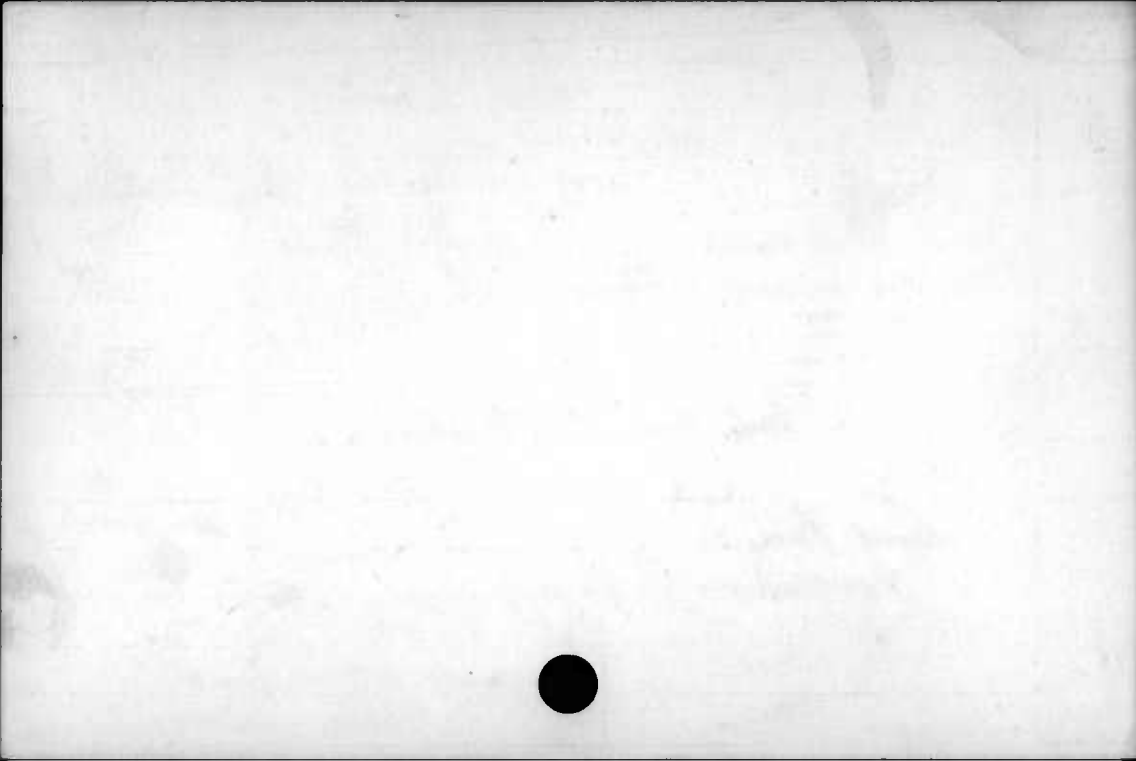
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Saunders</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Nov.</i>	Day <i>25</i>	Age <i>63</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>negro</i>	Birth-place <i>Anne Arundel</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Elizabeth Snowden Clark</i>					
Father's Name <i>Richard Snowden</i>			Father's Birthplace <i>Anne Arundel C.</i>		
Mother's Maiden Name <i>Louise Snowden</i>			Mother's Birthplace <i>Anne Arundel C.</i>		
Name of person giving information <i>Charley J. Snowden</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>6 hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Ryerley</i>
	Address <i>Saunders Md</i>
Accident or Suicide?	



Name  
In  
Full

CERTIFICATE OF DEATH

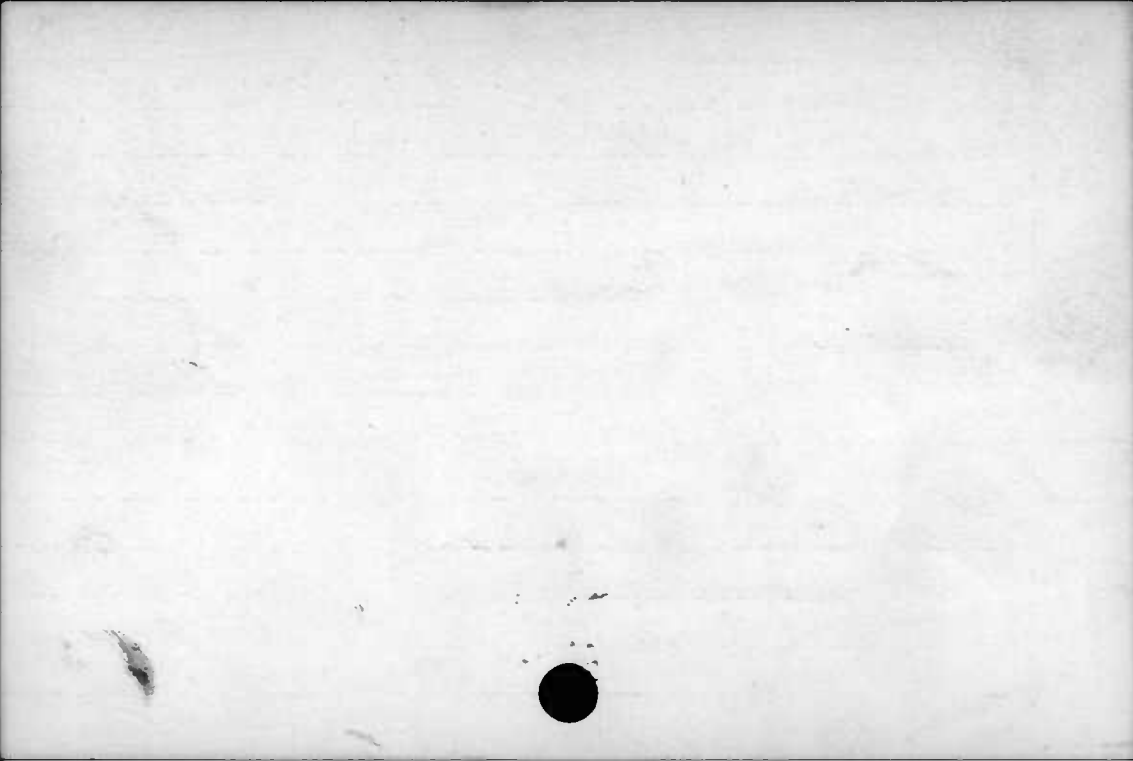
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brooklyn</i> <sup>Town</sup>		<i>aa</i> <sup>County</sup>		MARYLAND	
Date of death 190	<i>Nov</i> <sup>Month</sup>	<i>29th</i> <sup>Day</sup>	Age <i>67</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Princeton</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>Business Office</i>		
Name of Wife or Husband <i>Hannah Standing</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Wife Hannah Standing</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Malaria Fever</i>	How long <i>Some time</i>
Immediate <i>Congestion of Lungs</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos W. Little</i>
	Address <i>914 N. Charles St. Baltimore</i>
Accident or Suicide? <i>—</i>	





Name  
in  
Full

Mary J Taylor

CERTIFICATE OF DEATH

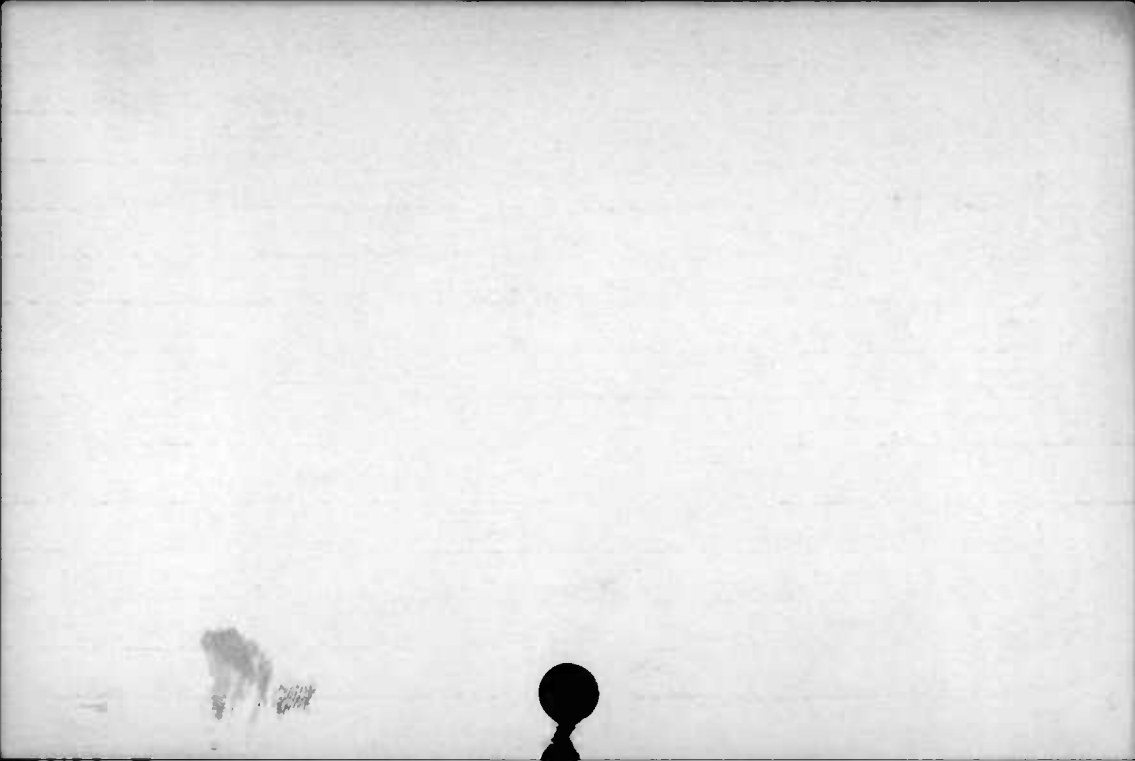
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death 1902	Month <i>Nov</i>	Day <i>9th</i>	Age <i>81</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Calvert Co</i>		
Married, Single or Widowed <i>Widow</i>		Occupation			
Name of <del>husband</del> <i>Owen Taylor</i>					
Father's Name <i>Thomas Ireland</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Sarah Williams</i>			Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>Jess Taylor</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old Age</i>	How long <i>154</i>
Immediate <i>Pulmonary Hemorrhage</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Hephurn</i>
	Address <i>Annapolis, Md.</i>
Accident or Suicide?	



Name  
in  
Full

Blanche Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Annapolis <sup>County</sup> Anne Arundel MARYLAND

Date of death 1902 <sup>Month</sup> Nov <sup>Day</sup> 7 <sup>Age</sup> 22 <sup>Years</sup> 11 <sup>Months</sup> 6 <sup>Days</sup>

Sex Female <sup>Color or Race</sup> Colored <sup>Birth-place</sup> A.A. County

Married, Single or Widowed Single <sup>Occupation</sup> Cook

Name of Wife or Husband

Father's Name John Henry Thomas <sup>Father's Birthplace</sup> A.A. County

Mother's Maiden Name Lizzie Queen <sup>Mother's Birthplace</sup> "

Name of person giving information Alice Thomas <sup>How related to deceased</sup> Sister

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

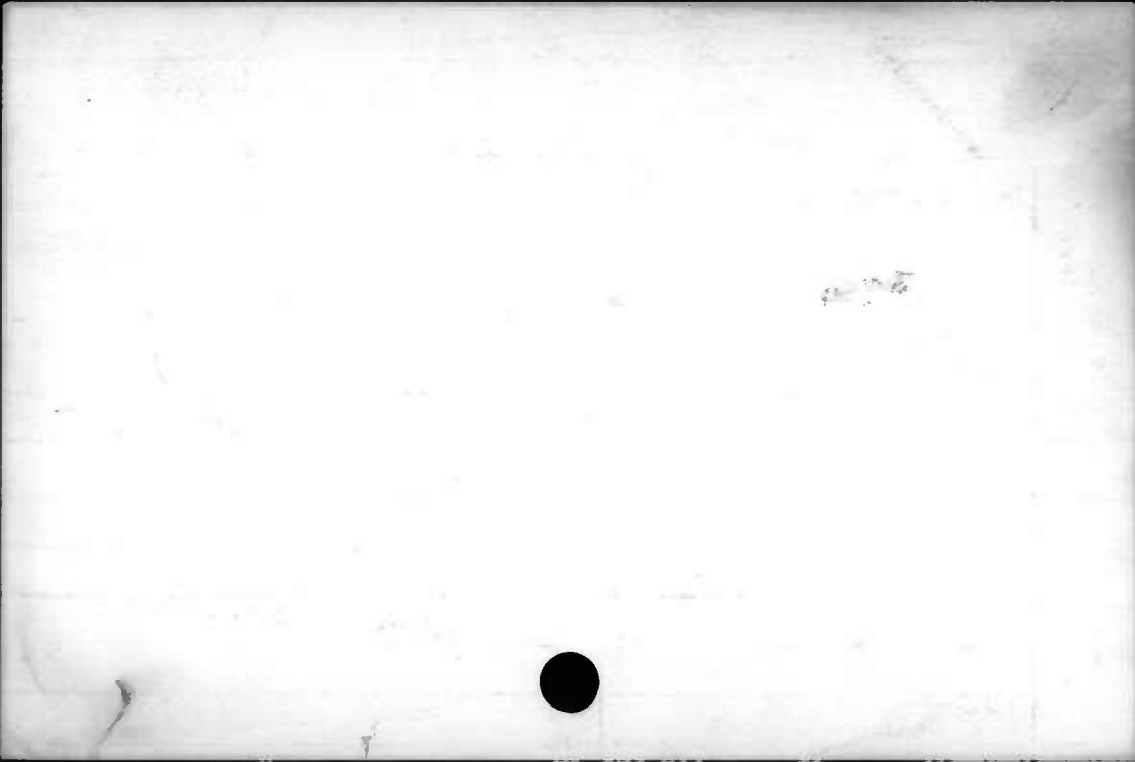
Primary Tuberculosis 27 <sup>How long</sup> Months

Immediate Exhaustion <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician John Ridout M.D. <sup>Address</sup> Annapolis Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

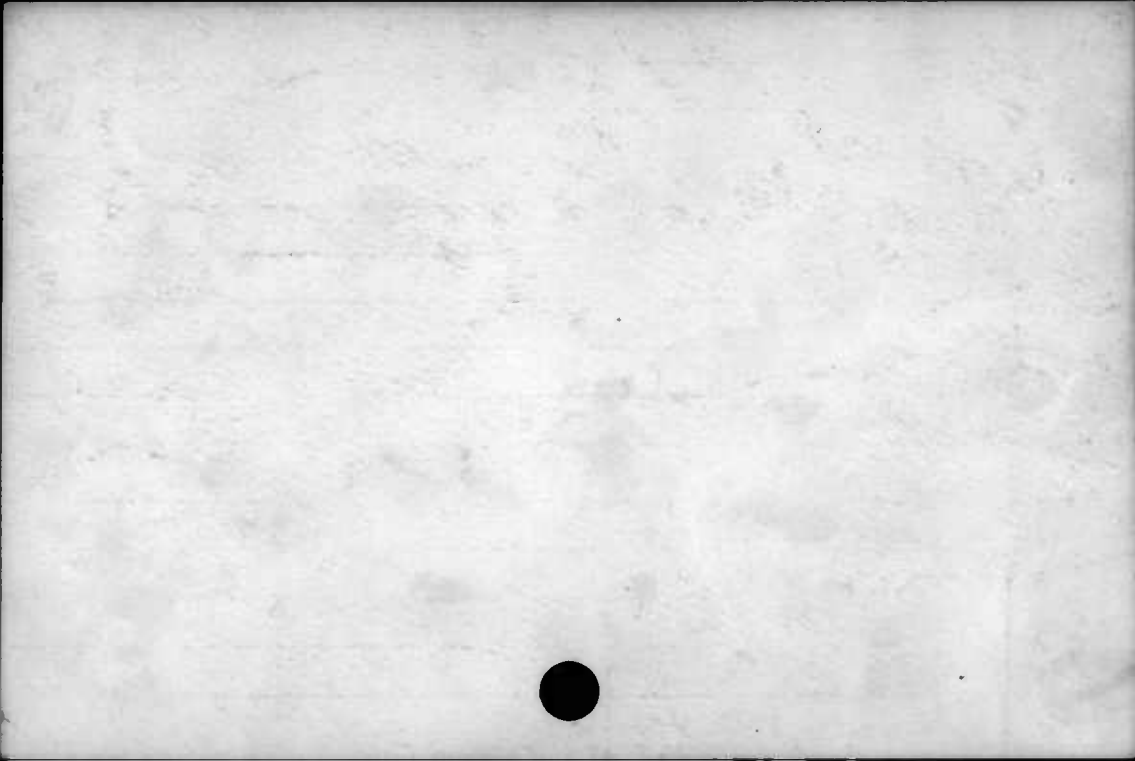
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Annet</i>		MARYLAND	
Date of death 190 <i>2</i>		Month <i>November</i>		Day <i>24</i>		Age <i>33</i>	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		Months <i>1</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Laborer</i>					
Name of Wife or Husband <i>none</i>							
Father's Name <i>Dennis Turner</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>unknown</i>					
Name of person giving information <i>Sarah Mobray</i>		How related to deceased <i>Friend</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis &amp; Bronchitis</i>		How long <i>Four months</i>	
Immediate <i>Exhaustion</i>		How long <i>1</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>D. W. Campbell</i>	
		Address <i>10 Second St</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full


## CERTIFICATE OF DEATH

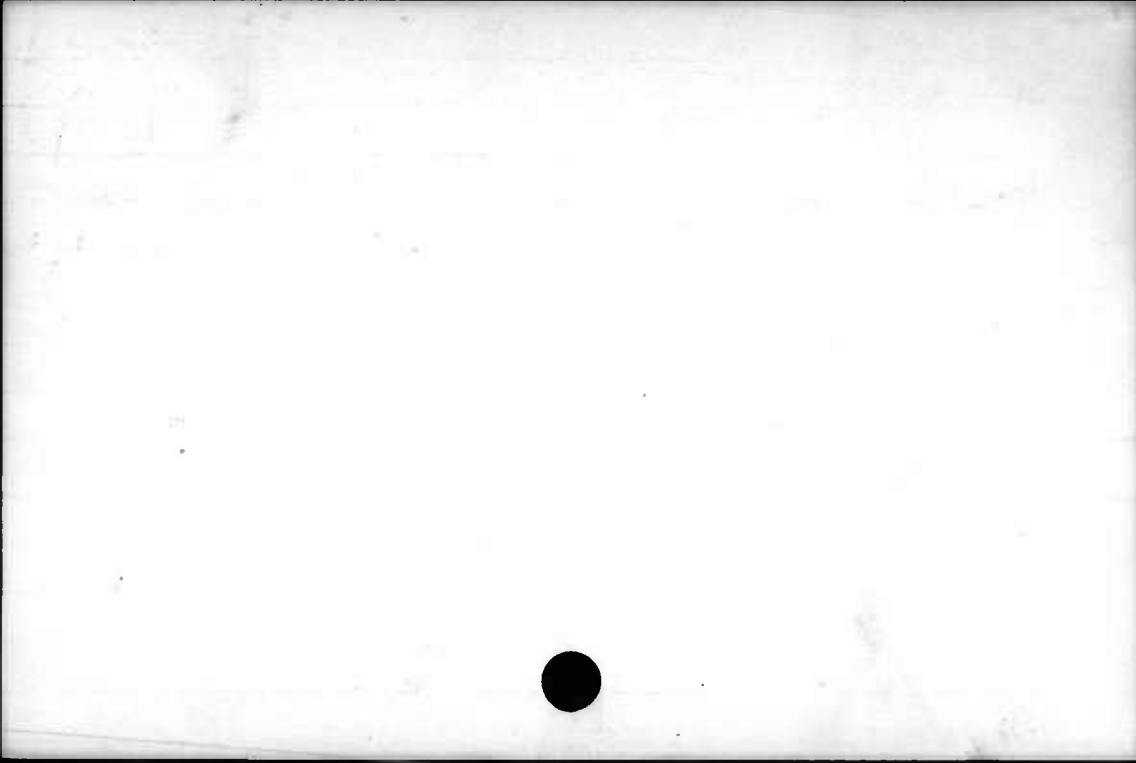
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumbystone</u>		County <u>aa</u>		MARYLAND	
Date of death <u>1902</u>	Month <u>Nov</u>	Day <u>4</u>	Years <u>80</u>	Months <u>    </u>	Days <u>    </u>
Sex <u>male</u>	Color or Race <u>Negro</u>		Birth-place <u>Unknown</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Waiter</u>		
Name of Wife or Husband <u>Unknown</u>					
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>		
Name of person giving information <u>Wm H. Talbot</u>			How related to deceased <u>Not related</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Old age</u>	How long <u>3 months</u>
Immediate <u>Heart failure</u>	How long <u>3</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Dr. Kelly</u>
	Address <u>Cumbystone</u>
	<u>per J. W. Ratimer</u>
Accident or Suicide? <u>    </u>	





# CERTIFICATE OF DEATH

Mary E. Wilkinson

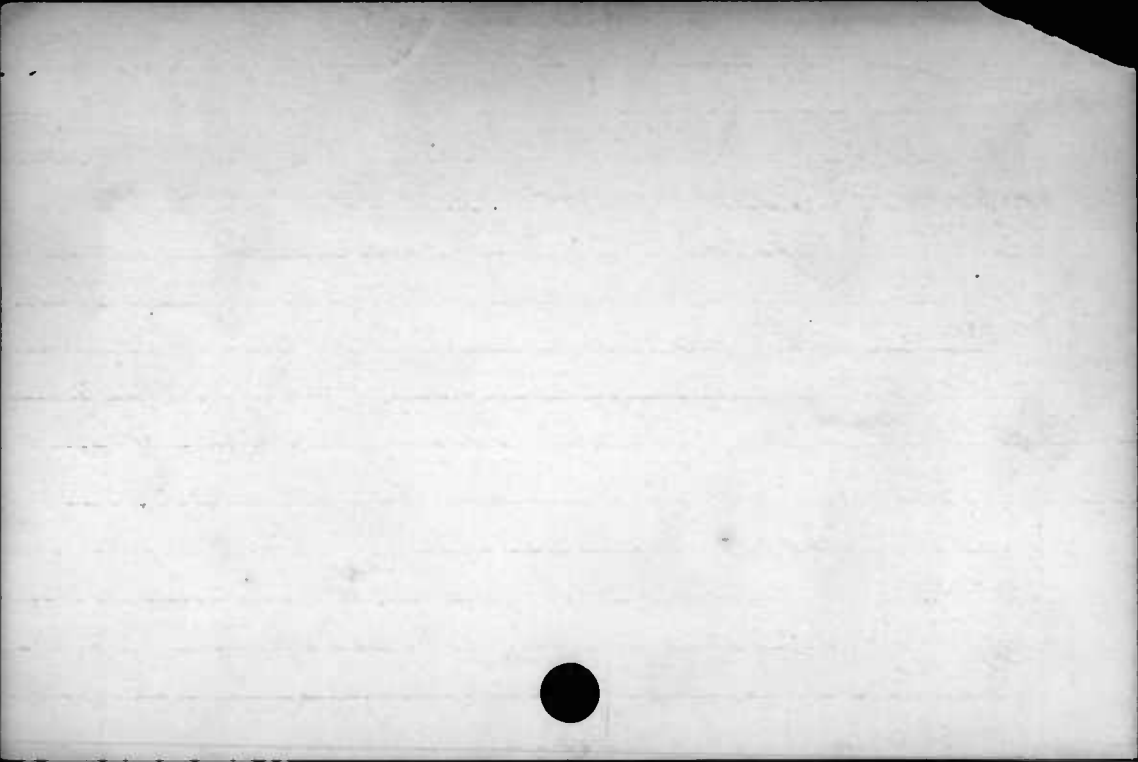
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		2	Month	11	Day	13	Age
Sex		Female		Color or Race		White	
Married, Single or Widowed		Widow		Occupation		Housewife	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Bright's Disease		How long		1 yr	
Immediate				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
				Address			
Accident or Suicide?							



Name in Full

Certificate of Death

George H Williams

Town

County

Died at

MARYLAND

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

11 30

Age

11

-

-

Md

Child

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Name

Richard T Williams

Sarah Jane

Cause of

Primary

Appendicitis with Peritonitis

How long sick

3 days

Death

Immediate

Struck

Accident, Suicide, Homicide

Reported by

J F Rabun

Md

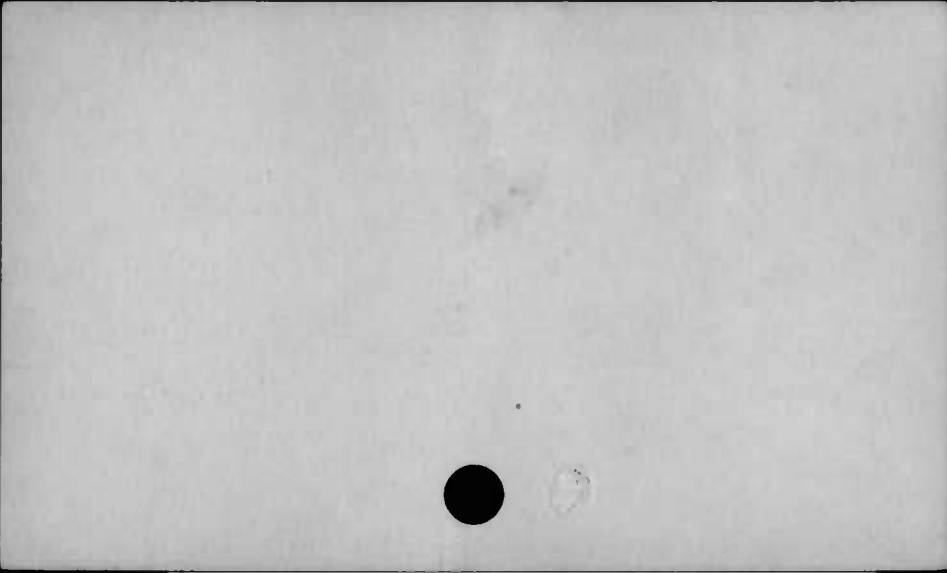
Address

Bristol

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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*John Wolfrum*  
 Town County

Died at

*Anne Arundel*

MARYLAND

Date *10/19/02* Month *11* Day *30* Y. *51* M. *-* D. *-* Native of *German* Occupation *Farmer*  
 Male White Married ~~Widow~~ Divorced  
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of

*Wolfrum*

Father's Name

Mother's Name

Cause of Death { Primary *Cancer*  
 Immediate *Cancer*

How long sick  
*6 months*

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

*Arthur Williams MD*

Address

*Elk Ridge Howard Co Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

